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ALBERTA SCHOOL LUNCH

SURVEY

A

REPORT

FROM

THE BUREAU OF NUTRITIONAL SCIENCES

HEALTH PROTECTION BRANCH

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FEBRUARY, 1977

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The results found in 1976 are very similar to those found in 1974-1975. The order of the schools occasionally differs from previous years and the relationship with the co-variates (age, 1974 value) occasionally appears different but this likely reflects random variation unrelated with the school lunch program.

As was observed previously, Keg River which had the largest children (and presumably the highest growth rate) before the school lunch program started, still shows the highest growth rate. The relationship among the growth rates of the three test schools do not appear as clear cut as they did in 1975.

CHAPTER 7 SUMMARY

1. On the whole, although the students came from areas with bad to fair housing (in some cases) with a high percentage of the population on social assistance (35% → 80%) indicating lack of job opportunities, the general health seemed much like that of the national population. The population was in relatively good nutritional balance for most nutrients studied. In general all nutrient intakes for these children appear lower than for children of similar age in the Nutrition Canada national data.

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2. In spite of the generally low average intake of calories, carbohydrate, thiamin and riboflavin, no clinical or biochemical evidence of disadvantage was seen. Growth potentials in such a genetically mixed society are difficult to assess. Consideration must be given to the smaller stature of these children in interpreting results.
3. Vitamin C intakes (except at Cadotte Lake) were adequate but there was a larger number of students at risk than would be expected. More of the older students over 10 years were at risk and it would be interesting to know the incidence of smokers among this age group.
4. Intakes of iron, calcium and vitamin A were low to borderline and some evidence of biochemical high risk levels were seen for iron deficiency parameters and serum vitamin A levels.
5. The school lunch program supplied increased intakes of vitamins A and D and calcium - all nutrients at risk for these communities.
6. Cadotte Lake, which appeared to have the children with the poorest nutritional status in 1974 and 1975 had markedly increased intakes of calories, carbohydrate, fat, protein, thiamin, riboflavin, niacin, vitamin A and iron, particularly for the 10 to 16 year olds. These increased intakes were not provided by the school

lunch program nor did they increase in all parameters to the level where they were no longer at risk. Their distinctively lower vitamin C intakes (for all three years) did not change.

7. The nutritional intakes of students at Wabasca appear to be becoming lower particularly in calcium, vitamins A, E and D and iron. As these risks parameters seem lowest in the 5 to 9 age group, the trend may be due to an influx of nutritionally disadvantaged younger children, a general depression in the area with consequence lowered economic levels or some other factor such as a bad summer for gardens.

8. The students of these schools are in need of further increases in intakes of (1) vitamin A
   (2) iron
   (3) possibly calcium and vitamin D

9. However many side benefits have occurred from the survey. These impressions should be noted:
   1. School attendance improved. Children were cleaner, more alert, less restless.
   2. Most parents during the second year apparently felt the program helped their children and were interested in being involved - perhaps a psychological boost.

3. Secondary benefits were derived from the teaching of hygiene during the meal (hand washing, use of serviettes).

4. Secondary benefits were derived by the adults preparing the meals in improved sanitation, balanced meal planning etc. This effect undoubtedly extends to the community at large.

10. The survey provided valuable information for future surveys:

a. The continuation of the survey for the second year aided in assessing which trends were real and which merely random variation.

b. For the planning of future surveys: The necessity of a pre-survey so any supplementation may be directed at specific needs.

c. The format of the final report should be included at the initial planning stage to avoid the collection of unusable data.

d. The control group should be carefully selected to resemble the test group and should comprise 50% of the sample.

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